HUMAN RIGHTS AS A SOLUTION TO THE HIV/AIDS PANDEMIC:

USAID's Program in Asia

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The HIV/AIDS pandemic intersects the issue of international human rights in two major ways. First, although in the past the restriction of individual rights often has been justified in order to protect the public from infectious disease, it has been found in the present pandemic that such restrictions may impel rather than deter the transmission of HIV. This results from the fact that the restrictions posed by extreme public health measures—such as mandatory testing for HIV—serve to discourage people from seeking appropriate information, testing or treatment. People are discouraged from taking such actions because they fear persecution if they are found to be infected with HIV. Second, because the members of socially-marginalized individuals are unable to exercise their basic rights, they are much more vulnerable than the rest of the population to HIV infection. Owing to their low social status, members of such groups may not be able to receive health information and services, negotiate safer sexual practices, or seek legal and political recourse for their problems.

These two areas of intersection illustrate the wide range of internationally-recognized human rights. The first respect above refers to a discrete set of civil liberties. By contrast, the second respect encompasses not only civil liberties but also a broad basket of political, economic, social and cultural rights. This basket of human rights is represented by the so-called International Bill of Human Rights—a trio of UN documents that includes the Universal Declaration of Human Rights (1948), the International Covenant of Civil and Political Rights (1966), and the International Covenant of Economic, Social and Cultural Rights (1966). To be effective, the public health response to the HIV/AIDS pandemic must incorporate the entire range of human rights. Strategies for prevention must honor the civil liberties of the individual. However, these strategies must also seek to empower vulnerable individuals and groups, allowing them to participate in mainstream social, economic and political activities.

After a decade of experience, the lessons regarding HIV/AIDS and civil liberties are well understood. Simply put, draconian measures that violate basic civil liberties have been shown to be counter-productive to the cause of HIV prevention. However, lessons about HIV/AIDS and the full range of human rights are only now coming into focus. Hence this paper focuses on the broader aspect of the relationship between HIV/AIDS and human rights.

I. Unfulfilled human rights as a cause of the HIV/AIDS pandemic

In the mid-1980s, the international public health community formulated a global strategy for the prevention of HIV/AIDS. The strategy was based on the fundamental principles of public health as well as on the existing knowledge of HIV/AIDS. Moreover, the strategy was premised on the view that because HIV is spread through personal behaviors involving the exchange of blood or sexual fluids, prevention could be achieved only by helping individuals to alter these behaviors. The global strategy included three elements: (1) information and education, (2) health and social services, and (3) non-discrimination against those already infected with HIV or suffering from AIDS. During the latter half of the 1980s, this "prevention triad" was applied globally.

In essence, the global strategy was an improved version of the traditional paradigm of public health--improved because it contained the new element of non-discrimination. This strategy has proven to be successful—but within strict limits. Virtually all countries have recognized that HIV/AIDS is a serious problem, and have adopted prevention programs based on the global strategy. The evidence demonstrates clearly that where this strategy has been applied, it has effectively slowed the spread of HIV. However, the success of this strategy has been overshadowed by the continuing expansion of the pandemic. In fact, because the global strategy has been based on traditional principles of public health, it has addressed the immediate behavioral causes of the pandemic without seeking out its deeper societal causes. It is these more fundamental causes that the international community is now striving to address in order to slow the spread of HIV.

As with other diseases, HIV/AIDS has spread through societies along the path of least resistance. That is, the major societal risk factor for HIV infection is marginalization from the mainstream population. This societal discrimination may involve gender, race, ethnicity, or sexual orientation. In other words, the people who are most vulnerable to HIV infection are those who are unable to exercise fully their basic human rights. Conversely, the least vulnerable are those who are able to enjoy their fundamental rights. For the latter group, the ability to make life choices is real. Consequently, individuals within this group can truly change a personal behavior or life circumstance that may render them vulnerable to HIV infection. For the former group, the ability to alter either behavior or circumstance is greatly diminished. Traditional public health approaches cannot compensate for the negative impact arising from societal discrimination and the unfulfillment of basic rights as defined by international human rights documents.

Consequently, the international community is now calling for a new global strategy—one which strengthens the work of the original strategy, but which also directly addresses the societal causes of the pandemic by adopting the modern concept of human rights as its major tool. A new strategy would (1) identify the systematic unfulfillment of specific human rights in a given society, (2) relate those areas of unfulfillment to increased vulnerability to HIV/AIDS, and (3) design and implement specific programs to remedy the unfulfillment and attendant vulnerabilities. (This new strategy has been articulated most clearly and forcefully by Dr. Jonathan Mann and

his colleagues at the Francois-Xavier Bagnoud Center for Health and Human Rights at Harvard University's School of Public Health.)

II. Human rights and USAID's HIV/AIDS program in Asia

The HIV/AIDS epidemic in Asia. One defining trend of the HIV/AIDS epidemic in the 1990s has been the rapid spread of the disease in Asia. The total number of Asians infected with HIV rose from 500,000 in 1991 to 3.5 million in 1994. The World Health Organization estimates that by the late 1990s, the annual number of new infections in Asia will surpass that of Africa. Indeed, Asia is emerging as the new epicenter of the HIV/AIDS pandemic.

The epidemic in Asia demonstrates how the systematic unfulfillment of human rights increases the vulnerability to contracting HIV. This point may be illustrated by the example of migrant laborers. Young Asian men and women are migrating to work in urban centers in their own or foreign countries. These mobile populations are fueling the rapid spread of the virus through sexual contact. For example, employers of women factory workers often force them to work long hours with extremely low pay. Many of these women therefore engage in commercial sex to supplement their incomes. In addition, employers of migrant laborers and transport workers usually do not make any provisions for these men to visit their families on a regular basis. As a result, many of these men frequent commercial sex workers while at the work site. Finally, women who emigrate to work as domestic servants often work under conditions of servitude. They may be coerced into high-risk sexual relations with their male employers. If they are victimized, they often do not have access to legal recourse—if only because they may not be permitted to leave their employer's house.

There is a direct relationship between these examples and the International Bill of Human Rights. The bill states that governments have the responsibility to protect the rights to an adequate standard of living, to just and favorable conditions of work, to freedom of movement, and to equal protection under the law. It also states that no individual shall be held in involuntary servitude; and that no one shall be subjected to cruel, inhuman or degrading treatment. In Asia, male and female factory and transport workers, migrant laborers, and overseas contract workers are subject to the systematic unfulfillment of these rights, and consequently they are especially vulnerable to HIV/AIDS.

In addition to migrant workers, Asian women are increasingly becoming victims of HIV/AIDS, and their increased vulnerability to the disease is directly related to the systematic unfulfillment of their human rights. In all Asian countries, women have less access than men to social, economic, and political resources. They cannot fully realize their rights to education, social security, health care and employment. They are less able to exercise their rights to seek and receive information, and to participate fully in political processes. For example, many women are forced by their husbands or families to discontinue school, often before they become fully literate. They may then work in the household, or leave home to work in a factory. In extreme cases, they may be sold into the commercial sex industry. In all cases, these women's

freedom of movement is unprotected by governments, instead controlled by their fathers, husbands, factory managers or brothel owners. Such women are at direct risk for contracting HIV from their husbands or clients. Moreover, women have few alternatives for reducing their vulnerability to HIV. For example, if they try to negotiate the use of condoms with their husbands or clients, they risk losing what access they do have to economic and social resources. Ditto if they try to leave their husbands. In fact, many women enter the commercial sex industry after divorce, because it is one of their few options for earning an income.

Finally, commercial sex workers and sexual minorities in all Asian countries are persecuted by authorities, and their right to peaceful assembly and association is unfulfilled. As a result, these groups cannot form effective support groups and networks, which are critical in helping them to reduce their vulnerability to HIV/AIDS. Further, these groups cannot share information and formulate statements about the impact of HIV/AIDS on their lives, information which is vital to the development of sound HIV/AIDS policies and programs.

In sum, many of the defining characteristics of the HIV/AIDS epidemic in Asia may be directly associated with fundamental social inequalities—and the systematic unfulfillment of human rights that these inequalities represent.

USAID's response to HIV/AIDS in Asia. As with that of other donors, USAID's initial response to the HIV/AIDS pandemic in the mid-1980s was primarily aimed at reducing behavioral risk. Specifically, the Agency established two types of prevention programs: "behavioral change" and "policy dialogue." To some degree, this dual strategy has addressed human rights and the societal causes of HIV transmission. On the one hand, programs for behavioral change have provided individuals with access to vital information and health services, and with avenues for social support and civic participation. These activities pertain to discrete types of human rights. On the other hand, programs for policy dialogue have helped to improve social, economic, and political institutions in which individuals can exercise their basic human rights.

In regard to its programs of behavioral change, USAID is supporting general information and education as well as social-marketing for condoms. For example, in the Philippines a mass media campaign is encouraging young adults to talk to their partners and friends about safer sexual options. And in Nepal a social-marketing program is using peer educators to strengthen the distribution systems for condoms. Sales outlets for condoms have been expanded beyond pharmacies to include tea shops, truck stops, hotels, bars, and general stores. In addition, USAID supports communication programs that help individuals to use available information, resources and services constructively in order to reduce their risk behaviors. In order to do so, individuals must first believe that they are indeed personally at risk for contracting the virus. In talking with their peers, individuals can assess their personal risk for contracting HIV, and identify strategies for reducing risk behavior that are realistic in the context of their lives.

Information, education and communication programs are most effectively implemented in collaboration with local non-governmental organizations (NGOs). These NGOs play a critical role in efforts to slow the spread of HIV/AIDS by providing individuals at risk with a forum for civic participation. Through NGOs, individuals who share a common experience of risk can act together to address the personal and societal obstacles that render themselves and others vulnerable to HIV. For example, with the encouragement of the staff of USAID's HIV/AIDS prevention project in the Philippines, a group of commercial sex workers has formed the Angeles City Entertainers (ACE). The local city health office has provided ACE with space in its reproductive health clinic, which serves as an AIDS resource and drop-in center as well as a meeting room for group members.

Throughout the region there can be found similar examples of programs that increase the ability of individuals to realize their basic rights to expression and information, to peaceful assembly and association, and to basic health services. As individuals are provided with opportunities to exercise these rights, they can develop and employ effective strategies for protecting themselves and others from HIV.

In contrast to programs for behavioral change, the programs for policy dialogue provide decision makers with information about the relative effectiveness of existing strategies in limiting the spread of HIV/AIDS. Decision makers can then use this information to develop effective policies that protect public health, redress social inequalities and uphold human rights. For instance, in Indonesia a series of USAID-funded study tours brought 20 Indonesian policy makers to Thailand to learn about the impact of the epidemic and the Thai government's progressive response to it. Participants used information gathered during this study tour to craft the National HIV/AIDS Strategy for Indonesia. The launching of this strategy has initiated a national debate in Indonesia on the behavioral and societal causes of HIV/AIDS. Topics that previously went unnoticed or unacknowledged are now being actively discussed in public fora.

USAID's enlarged strategy. In the past decade, USAID and other donors have learned that their initial approach to HIV/AIDS is effective, but limited. It does not go far enough in addressing the broader social inequalities and the systematic unfulfillment of human rights that shape longer-term vulnerability to the disease. USAID's HIV/AIDS prevention strategy is now using the lessons learned by the global community about HIV/AIDS and human rights to reduce vulnerability to the epidemic.

We have learned that targeting only traditionally-defined "risk groups" (such as commercial sex workers) for behavioral change may unwittingly place an additional burden of blame on these populations, thereby serving to heighten their experience of marginalization and discrimination. Therefore we are now piloting innovative prevention strategies among these populations. These new strategies aim to address the larger societal obstacles faced by these groups. For example, the rights of young girls from poor families in northern Thailand are jeopardized when their families pull them out of school at a young age and sell them into the

commercial sex industry, where they are at extreme risk for contracting HIV. The Agency's Thai Women of Tomorrow project is working to provide scholarships for these girls, and educating their families and teachers about the importance of keeping them in school. The project is also enlisting the help of private corporations to provide vocational training and job placements so that the girls have viable employment alternatives to commercial sex work.

We are also addressing the problem of forced prostitution and the trafficking of women through a regional program. USAID's Asia-Pacific Women in Politics Program, which is being implemented by The Asia Foundation, aims to increase women's political participation in the region. This program consists of a network of women political leaders from 12 countries. Network participants develop joint plans of action regarding common issues of concern to women in the region. They then work within the political systems of their own countries to implement these plans. Last year, participants in this political network identified forced prostitution and the trafficking of women as a high-priority concern for women in the region.

Each year thousands of women and girls from throughout the region—but especially from Burma, northern Thailand and Nepal—are sold by their families and communities into the commercial sex industry. Further, many of them are trafficked across international borders, and many of them work under conditions of enslavement. The problem of forced prostitution and the trafficking of women is the most obvious example of the unfulfillment of human rights associated with the HIV/AIDS epidemic in Asia. By pooling resources for the Women in Politics Program and the Regional HIV/AIDS Program, USAID's Center for Democracy and its Bureau for Asia and the Near East are now jointly supporting a regional initiative for political advocacy against forced prostitution and the trafficking of women. The initiative consists of a series of sub-regional training workshops that will provide an opportunity for women governmental leaders and representatives of NGOs concerned with women's issues, human rights, and HIV/AIDS to develop a plan of action for addressing these problems.

Over the past decade USAID has also learned of the importance of helping communities at risk respond to HIV/AIDS. As mentioned above, USAID has always worked to provide communities at risk with avenues for civic participation. However, this effort must now do more than provide opportunities for people to meet together to articulate experiences and identify needs related to HIV/AIDS. The effort must be broadened in order to allow different communities to work together for fundamental social change. To this end, USAID is now working to increase the access of communities to regional and global networks such as the Asia-Pacific Coalition of AIDS Service Organizations, the National Council for International Health and the International HIV/AIDS Alliance. These organizations all work to transfer the locus of control in responding to HIV/AIDS from donors and governments to vulnerable communities. They also help communities to focus the attention of national governments or international organizations on the larger social injustices that shape vulnerability to HIV/AIDS.

III. Donor coordination

While USAID's response to HIV/AIDS in Asia maintains a focus on the behavioral causes of HIV transmission, it is building upon the lessons learned in the past decade to develop programming aimed at reducing societal vulnerability to the disease. The Thai Women of Tomorrow project, the Asia-Pacific Women in Politics Program, and the efforts to create regional networks of community-based organizations and people living with HIV/AIDS—all are attempts to implement prevention programs aiming to remedy the inability to realize human rights that underlies the vulnerability to HIV/AIDS of marginalized populations. Our initial attempts to adopt a new global strategy for HIV/AIDS prevention point towards a future direction for donor coordination on HIV/AIDS and human rights. This direction has several elements.

First, donors should more openly discuss the sharp ideological differences that have underlain East-West and North-South conflicts regarding the definition of human rights.

Second, donors can work together to share information about successful pilot projects, and then pool their resources to replicate them so that the scale of our efforts may match the scale of the pandemic’s challenge.

Third, in order to catalyze structural changes in societies and develop programs that address the total life experience of vulnerable people, donors must work within their own agencies to strengthen links among programs in different sectors that are dealing with the same social issues.

Fourth, on a regional and international level, donors must continue to coordinate efforts to involve governments, the private sector, vulnerable communities and people living with HIV/AIDS as equal partners in a unified, global response to the epidemic.

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